

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	No
Computer Readable Form (CRF)?::	None
Number of copies of CRF::	None
Title::	METHODS FOR TREATING LOWER URINARY TRACT DISORDERS USING $\alpha_2\delta$ SUBUNIT CALCIUM CHANNEL MODULATORS WITH SMOOTH MUSCLE MODULATORS
Attorney Docket Number::	046562/274660
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	None
Total Drawing Sheets::	23
Small Entity::	Yes
Petition Included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Matthew Oliver  
Family Name:: Fraser  
Name Suffix::  
City of Residence:: Apex  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of mailing address:: 408 Gablefield Lane  
City of mailing address:: Apex  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27502

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Karl Bruce  
Family Name:: Thor  
Name Suffix::  
City of Residence:: Morrisville  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of mailing address:: 109 Draymore Way  
City of mailing address:: Morrisville  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27560

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Edward C.
Family Name::	Burgard
Name Suffix::	
City of Residence::	Chapel Hill
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	215 Cates Farm Road
City of mailing address::	Chapel Hill
State or Province of mailing address::	NC
Country of mailing address::	US
Postal or Zip Code of mailing address::	27516

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lee R.
Family Name::	Brettman
Name Suffix::	
City of Residence::	Sudbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	183 Greystone Lane
City of mailing address::	Sudbury
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	01776

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steven B.
Family Name::	Landau
Name Suffix::	
City of Residence::	Wellesley
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	44 Tanglewood Road
City of mailing address::	Wellesley
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02481

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Daniel J.
Family Name::	Ricca
Name Suffix::	
City of Residence::	Rougemont
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	5855 Kiger Road
City of mailing address::	Rougemont
State or Province of mailing address::	NC
Country of mailing address::	US
Postal or Zip Code of mailing address::	27572

**Correspondence Information**

Correspondence Customer Number:: 00826

**Representative Information**

Representative Customer Number:: 00826

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Utility of	60/456,835	03/21/03
	Provisional of	60/486,148	07/10/03
	Provisional of	60/509,570	10/8/03
	Provisional of	60/534,871	1/8/04
	Provisional of	60/548,250	2/27/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name:: Dynogen Pharmacueticals, Inc.

Street of mailing address:: 31 St. James Avenue

City of mailing address:: Boston

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02116

RTA01/2152149v1